BUSINESS REPORT

MONTANA HOUSE OF REPRESENTATIVES
61st LEGISLATURE - REGULAR SESSION

HOUSE STATE ADMINISTRATION COMMITTEE

Date: Monday, February 16, 2009   **Time:** 9:30 am
Place: Capitol   **Room:** 455

BILLS and RESOLUTIONS HEARD:
Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Add Postponed (PP) when appropriate:

HB 500, HB 509

_____ _____ _____ _____

_____ _____ _____ _____

EXECUTIVE ACTION TAKEN:
Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Enter P(pass) F(failed) DPAA (do pass as amended) BC(be concurred in) BCAA (be concurred in as amended):
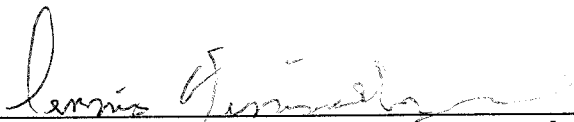
HB 475 P   ~~HB 500 P~~

HB 348 Tie Vote 9-9   HB 509 P

HB 463 Tie Vote 9-9

HB 145 DPAA

COMMENTS:

_____
REP. Dennis Himmelberger, Chairman

HOUSE OF REPRESENTATIVES
Roll Call
State Administration COMMITTEE

DATE: Feb. 16/2009

NAME	PRESENT	ABSENT/ EXCUSED
Representative O'Hara	✓	
Representative Dickenson	✓	
Representative Bean	✓	
Representative Belcourt		✓
Representative Boniek	✓	
Representative Boss Ribs	✓	
Representative Brown	✓	
Representative Caferro		✓
Representative Hands	✓	
Representative Hendrick		✓ ex
Representative Ingraham	✓	
Representative MacLaren	✓	
Representative Malek	✓	
Representative Phillips		✓
Representative Van Dyk	✓	
Representative Washburn	✓	
Representative Wilmer		✓
Chairman Himmelberger	✓	
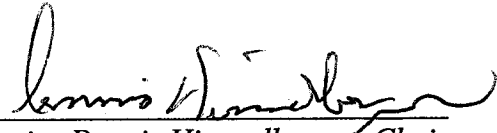
Mr. Speaker:

We, your committee on **State Administration** recommend that **House Bill 475** (first reading copy – white) **do pass**.

Signed: _____
Representative Dennis Himmelberger, Chair

- END -

Committee Vote:
Yes 18, No 0
Fiscal Note Required __

HB0475001SC.hjd

Mr. Speaker:

We, your committee on **State Administration** recommend that **House Bill 145** (first reading

copy – white) **do pass as amended.**

Signed: _____

Representative Dennis Himmelberger, Chair

And, that such amendments read:

1. Page 5, line 28.
Strike: "$200"
Insert: "$100"

2. Page 9.
Following: line 14
Insert: "NEW SECTION. Section 11. Contingent voidness. If
money is not appropriated in a line item in House Bill No. 2 for
the purposes of [this act], then [this act] is void."
Renumber: subsequent section

- END -

Committee Vote:
Yes 11, No 7
Fiscal Note Required __

HB0145001SC.hjd
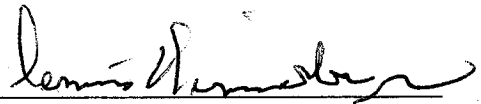
Mr. Speaker:

We, your committee on **State Administration** recommend that **House Bill 509** (first reading copy – white) **do pass**.

Signed: _____
Representative Dennis Himmelberger, Chair

- END -

Committee Vote:
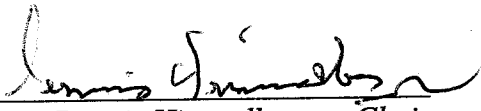**Yes 18, No 0**
Fiscal Note Required __

HB0509001SC.hjd

failed the vote 9-9

HOUSE OF REPRESENTATIVES
Roll Call Vote
State Administration COMMITTEE

DATE 2/16/09   BILL NO HB348   MOTION NO._____

MOTION: Do Pass as Amended

NAME	AYE	NO	If Proxy Vote, check here & include signed Proxy Form with minutes
Representative Jesse O'Hara	✓		
Representative Sue Dickenson		✓	
Representative Russell Bean	✓		
Representative Tony Belcourt		✓	
Representative Joel Boniek	✓		
Representative Dee Brown	✓		
Representative Mary Caferro		✓	✓
Representative Frosty Calf Boss Ribs		✓	
Representative Betsy Hands		✓	
Representative Gordon Hendrick	✓		✓
Representative Pat Ingraham	✓		
Representative Gary MacLaren	✓		
Representative Sue Malek		✓	
Representative Mike Phillips		✓	
Representative Kendall Van Dyk		✓	
Representative Ted Washburn	✓		
Representative Franke Wilmer		✓	✓
Chairman Dennis Himmelberger	✓		

HOUSE OF REPRESENTATIVES
Roll Call Vote
State Administration COMMITTEE

DATE 2/16/09   BILL NO HB463 MOTION NO._____

MOTION: Do Pass

NAME	AYE	NO	If Proxy Vote, check here & include signed Proxy Form with minutes
Representative Jesse O'Hara		✓	
Representative Sue Dickenson	✓		
Representative Russell Bean		✓	
Representative Tony Belcourt	✓		
Representative Joel Boniek		✓	
Representative Frosty Boss Ribs	✓		
Representative Dee Brown		✓	
Representative Mary Caferro	✓		✓
Representative Betsy Hands	✓		
Representative Gordon Hendrick		✓	✓
Representative Pat Ingraham		✓	
Representative Gary MacLaren		✓	
Representative Sue Malek	✓		
Representative Mike Phillips	✓		
Representative Kendall Van Dyk	✓		
Representative Ted Washburn		✓	
Representative Franke Wilmer	✓		✓
Chairman Dennis Himmelberger		✓	

HOUSE OF REPRESENTATIVES
Roll Call Vote
State Administration COMMITTEE

DATE 2/16/09 BILL NO HB 145 MOTION NO._____

MOTION: Be amended

NAME	AYE	NO	If Proxy Vote, check here & include signed Proxy Form with minutes
Representative Jesse O'Hara	✓		✓
Representative Sue Dickenson	✓		✓
Representative Russell Bean	✓		
Representative Tony Belcourt	✓		
Representative Joel Boniek		✓	
Representative Frosty Boss Ribs	✓		
Representative Dee Brown		✓	
Representative Mary Caferro	✓		✓
Representative Betsy Hands	✓		
Representative Gordon Hendrick		✓	
Representative Pat Ingraham		✓	
Representative Gary MacLaren		✓	
Representative Sue Malek	✓		
Representative Mike Phillips	✓		
Representative Kendall Van Dyk	✓		
Representative Ted Washburn		✓	
Representative Franke Wilmer	✓		✓
Chairman Dennis Himmelberger		✓	

AUTHORIZED
COMMITTEE PROXY

I request to be excused from the _State Ad_

Committee because of other commitments. I desire to leave my proxy vote with:

Sue Dickenson / Mike Phillips

Indicate Bill number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

BILL/AMENDMENT	AYE	NO		BILL/AMENDMENT	AYE	NO
HB 475	X					
HB 348 Comered						

Rep. _____   Date _2/16/09_
(Signature)

AUTHORIZED
COMMITTEE PROXY

I request to be excused from the _State Ad_

Committee because of other commitments. I desire to leave my proxy vote with:

Jesse O'Hara

Indicate Bill number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

BILL/AMENDMENT	AYE	NO	BILL/AMENDMENT	AYE	NO
H.B 348 amend	X				
H.B 475	X				
H.B 348 or amend	X				
H B 463		X			
H B 467 table	X	X			

Rep._Gordon R. Hendrick_   Date_Feb 16, 2009_
   (Signature)

AUTHORIZED
COMMITTEE PROXY

I request to be excused from the _State Ad._

Committee because of other commitments. I desire to leave my proxy vote with:

Sue Dickenson / Mike Phillips

Indicate Bill number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

BILL/AMENDMENT	AYE	NO
HB348		X
HB463	X	
HB145		X
HB509	X	

BILL/AMENDMENT	AYE	NO	
HB014501.ASH#1	X		SEG.#1
HB014501.ASH #2	X		SEG #2

Rep._Mary M. LeForu_
(Signature)

Date_2/16/09_

AUTHORIZED
COMMITTEE PROXY

I request to be excused from the _State Ad_

Committee because of other commitments. I desire to leave my proxy vote with:

Mike Phillips

Indicate Bill number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

BILL/AMENDMENT	AYE	NO	BILL/AMENDMENT	AYE	NO
HB 145	X		HB0145O1.ASH #1	X	
HB 509	X		HB0145O1.ASH #2	X	

Rep. _Sue Dickenson_ Date _2/16/09_
(Signature)

AUTHORIZED
COMMITTEE PROXY

I request to be excused from the_____ SAVA_____

Committee because of other commitments. I desire to leave my proxy vote with:

_____Sue Dickerson / Mike Phillips_____

Indicate Bill number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

BILL/AMENDMENT	AYE	NO		BILL/AMENDMENT	AYE	NO
HB 475	X			HB 0145G1. AS# #1	X	
HB 348 - amend	X			HB 0145O1. AS# #2	X	
HB 348		X				
HB 145	X					
HB 463	X					
HB 509	X					

Rep._Frede Oakes_____   Date_2/16/09_____
    (Signature)

Montana House of Representatives
Visitors Register

State Administration Committee   Date 2/16/09

Bill No. HB 509   **Sponsor(s)** Rep. P. Ingraham

PLEASE PRINT   PLEASE PRINT   PLEASE PRINT

Name and Address	Representing	Support	Oppose	Inf.
LINDA STOLL	MACR	✓		

Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.

C:\Documents and Settings\cl3184\My Documents\State Adminstration Visitor Regisration

Montana House of Representatives
Visitors Register

State Administration Committee   Date 2/16/09

Bill No. HB500   **Sponsor(s)** Rep. G. MacLaren

PLEASE PRINT   PLEASE PRINT   PLEASE PRINT

Name and Address	Representing	Support	Oppose	Inf.

Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.